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HEALTH PROBLEMS OF THE INDIANS

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The various phases of the health problem among Indians, involve also the many varied conditions which constitute what is known as the Indian Problem as a whole, which has been so long before the American nation. It seems only to have been within recent years that the importance of considering the necessity for action looking toward the improvement of the health conditions among them has been realized. Sentiment ranging from the often expressed opinion that the only good Indian is a dead one, to the other extreme, has and should be changed to the saner realization that the conditions resulting in the Indian dead or diseased on account of contagious infections, are not only a menace to the race itself, but also to the health of the people of the states in which they live.

General statistics in regard to the prevalence of disease among Indians are either incomplete and far from accurate, or have not been compiled. General vital statistics are also inaccurate. It is only in those places where allotments are actually being assigned that statistics in regard to the population, births and deaths are reliable. The Navajo Indians, for instance, are scattered over a wide range or desert. Their births and deaths cannot be accurately obtained. Many other Indian children among the less advanced tribes are born and die far away from any physician or government employee.

Where there is lack of co-operation on the part of the Indian it can be readily seen that the occurrence of births or deaths and the causes of the latter will remain unknown. Physicians are not summoned to the great majority of cases, and even yet the medicine men in some tribes have a hold on the beliefs of the people and are given charge instead. With such chances for error in the general statistics, it is only where a special comprehensive investigation has been made that the real conditions can be determined. There is

then, primarily, a great need for investigation and study of the prevalence of disease among Indians, and need for more accurate registration of vital statistics, and for the registration of contagious and infectious diseases. It will only be through the knowledge gained in this way that conditions will be fully realized and intelligent action can be taken for their improvement.

The work of the Indian service physicians in the past has not been specifically directed toward the prevention of disease, but since special studies have shown that the morbidity and mortality from infectious disease is excessively high among Indians, it is evidently imperative that they must not only treat the ills which actually present themselves, but make persistent, systematic, rigid examinations and frequent thorough inspections of all the Indians under their charge for the purpose of detecting cases of contagious diseases, submitting them to treatment and checking them in the incipient stages, and in addition, correcting insanitary customs and conditions which are responsible. Invasion of the Indian home for the purpose of examination of unwilling or reluctant adults or children is a work that is not only frequently resented as unwarranted interference, but also frequently prevented. The gratuitous advice for the remedying of ailments, offered treatment of disease, and suggestions for the improvement of sanitary conditions in the homes are frequently either disregarded or refused. Treatment apparently accepted is seldom persisted in except among the most advanced tribes, and among these the practice of medicine is very similar to that among whites. This attitude on the part of the Indians, which is not unwarranted nor unreasonable, and one which would be assumed by white people under similar conditions, has greatly hindered the attempt to improve sanitary conditions, and in some localities has rendered even special investigations or special treatment incomplete and unsatisfactory.

According to the most accurate returns available the general birth rate among Indians for the fiscal year 1910 was 30.2 per thousand; the death rate 24.0 per thousand, 40.1 per cent of which was due to tuberculosis. The death rate per thousand due to tuberculosis was 10.4. These figures are probably more nearly correct than those of 1909, which are:

Birth rate per thousand, 30.6.

Death rate per thousand, 25.54.

Percentage of deaths due to tuberculosis, 30.25.

Death rate per thousand due to tuberculosis, 7.71.

If these figures were accurate they would indicate a great increase in mortality from tuberculosis during the year 1910, but this increase is apparent rather than real and is due to error in the return. Comparing the mortality among Indians with that of whites, the returns from the registration area of the United States for 1909 show a death rate of 15.0 per thousand of the population, 11.2 per cent of which was due to tuberculosis. The total mortality among Indians then is 60 per cent higher than that among whites, and the percentage due to tuberculosis 258 per cent higher, or over three times as great as the average mortality from the same cause among whites.

In addition to the great morbidity and mortality from tuberculosis, the Indians suffer to a very great extent from other contagious and infectious diseases as well as the parasitic infestations. One of the most common serious diseases is trachoma. Of 22,340 Indians examined during the year 1910, 6,124 cases of trachoma were found, a percentage of infection of 27.4 per cent. This disease exists in both the North and South, but seems more prevalent among the southern tribes.

Pneumonia is a very common disease, though not apparently more or less prevalent than among whites. Impetigo contagiosa is exceedingly common. It frequently complicates scabies, which is almost constant in many camps. The great frequency of suppurative tubercular glands and impetigo has given rise to a popular opinion that these ulcers are an indication of syphilis. While venereal diseases are present among certain tribes, they are probably not present in as large a proportion among a majority of the Indian tribes as they are among whites.

Measles is a very serious disease because of the large percentage of tubercular infection. As a sequel actively progressive tuberculosis frequently results in a rapid fatal termination. The same is true of pertussis. Digestive disturbances, due to the condition and quality of the food eaten, is not only responsible for a large mortality among Indian children and infants, but for great general morbidity at all ages. Scarlet fever and diphtheria are present to

about the same extent as among whites. Typhoid is not as prevalent as among those who live in more congested communities.

The most prevalent diseases to be considered are tuberculosis, trachoma, nutritional disorders and parasitic infestations. It is the condition of the Indian homes, their habits, customs of living and ignorance of sanitary requirements that are primarily at fault. In the North during the cold season individual families of a large number of the tribes live crowded together at night in one unventilated room. Tubercular cases spit on the floors and no attempt is made to prevent the entire home and its surroundings from becoming badly infected. The Indians eat from these infected floors, flies swarm on the food, and in the sputum. Blankets used as pallets on the floors become badly infected and extremely dirty. Excreta and household refuse are inadequately disposed of. Children brought up in such environments are necessarily constantly subjected to tubercular and other infection, and it is only the fact that the greater part of the day is spent in the open air that prevents a rapid advance and more frequent fatal termination of the diseases contracted. Poor, insufficient, badly prepared and improperly kept food of insufficient variety frequently adds to the factors which contribute to the breaking down of the resistance of the infected Indians. Infected food is also a frequent method of spread of disease. In the South the crowding conditions are largely the same. The conditions of filth, lack of ventilation and light (many houses being windowless), infected earth floors, absence of the attempt to segregate contagious cases or prevent in any way the spread of disease, results in the same high percentage of infection. Some tribes are exceptions to this general description, there being all gradations from those who live under practically the same conditions as the average white family, to those of extreme filth and insanitary environment and habits. Whole families become infected with trachoma from the intimate contact of the crowded home. Lack of attempt to obtain medical treatment finally results in permanent impairment of vision or even complete destruction of sight. Since cases of this sort are present in large numbers scattered widely all over the various reservations, it is not hard to conceive what a difficult task the service physician has to search out these cases and give adequate treatment, especially where they are not inclined to accept or appreciate it.

It is extremely important, however, that this work be attempted for the protection of the tribe as a whole.

It has been a matter of observation for many years that a certain proportion of the pupils at non-reservation and reservation boarding schools developed pulmonary tuberculosis and had to be returned to their homes. Sanitary conditions, cleanliness and nutrition were far better at these institutions than at the Indian homes, and it seemed that there must be some vital defect in the school methods. While there may have been sanitary defects in the school system contributing to this high morbidity, it is at present well recognized that many children come to the school with latent or partially arrested tubercular infection. The majority are vastly benefited by the improved nutrition and sanitary conditions, but the confinement of school life and strain, tension and fatigue induced by the requirements of rigid routine are enough to account for a sufficient breaking down of resistance of some to allow the extension of latent infection. An epidemic of measles passing through the school leaves the same fatal wake of cases. These facts have not been so well understood in the past, nor has the necessity been realized for a constant vigilance on the part of the physicians and school authorities to detect in its earliest manifestations any symptoms of pulmonary disease. Failure to do this has resulted frequently in a certain proportion of contagion and spread in the schools.

The solution of the problem of improving health conditions is being met along a number of separate lines. Systematic field inspections are being made by the medical supervisor and his field assistants. Local physicians are directed to systematize their medical inspections of the schools and reservation Indians with such thoroughness as to detect and place under treatment incipient disease. A new system of records for the recording and reporting of medical cases and the registration of infectious diseases, including tuberculosis and trachoma, has been introduced. This should insure more complete and more accurate statistics, and will indicate more precisely the need for work in special localities. As a result of more frequent and general medical inspection of schools and reservations, sanitary measures will be better enforced and local necessary reforms instituted.

It will only be through education that any real lasting results may be accomplished. The subject of tuberculosis is being studied from special text books by every pupil capable of understanding it, and additional improved modern books on hygiene have been placed in the school curriculum. Circulating sets of stereopticon slides, illustrating the method of spread of tuberculosis in Indian homes, and methods of its prevention and cure are being distributed to all the schools and agencies. A lecture illustrated by moving pictures showing the important phases of insanitary Indian customs, habits and conditions, and the methods of preventing the spread of the diseases common among Indians, is being sent to all schools and agencies throughout the country. Literature in regard to the cause, prevention and cure of tuberculosis will be distributed on the reservations among all Indians who can read. To effect radical changes, raising the standard of living among the older Indians, is a difficult undertaking, but the emphasis that is being placed on the subject of health and sanitation in the schools is bound to bring good results with the younger generation.

For the improvement of home conditions the field matrons have been placed under the direction of the Health Section of the Indian Office, and a special field supervisor placed in charge. For the purpose of increasing the efficiency of the field matron force in improving sanitary conditions in the homes, printed instructions will be furnished to all field employees directing and instructing them in the methods of correcting these conditions. The education of the government employees in direct contact with the Indians is as important a matter as the education of the Indians themselves, for the employees' influence cannot and will not be exerted along the desired lines unless the employees are properly directed. It will require considerable detailed instruction to make efficient sanitarians of employees who are not trained or specially educated for the work, but their assistance must be depended upon to help out the work of the physician.

The treatment of the diseased Indians is also a serious undertaking. In the schools, monthly weighing of pupils and regular physical examinations by the physicians is intended to sift out those who are infected or predisposed to disease. Screened porches attached to hospitals and dormitories are to be built for the open-air

treatment of such pupils as show pulmonary weakness. These porches have already been built in many places. If cases of pulmonary tuberculosis develop at the boarding schools, either they must be sent to their homes or to special sanatoria. These sanatoria are being started in various sections of the country.

Advanced cases of tuberculosis in the home are undoubtedly the nuclei for the spread of infection to many additional cases, and the problem of preventing this is a difficult one. Local camps could be used to care for these cases, but the Indians are frequently unwilling to submit to treatment. These camps are being established, but force cannot be used to compel attendance. Even the white race is not willing to submit to coercive measures of this character.

In addition to the special measures directed against tuberculosis, a campaign is in progress for the treatment of trachoma. Special expert physicians and nurses are being sent to all infected regions to operate upon the cases and instruct the local physicians how to treat the disease. As soon as this work is accomplished satisfactorily at one school or agency, it is left to the local physician and other territory visited. A special hospital for the treatment of trachoma was established at Phoenix, and service physicians nearby are being detailed for periods of one month each to assist at the hospital and receive clinical instruction from the specialist in charge. This general plan of work has been successful and has already resulted in a solution of the problem in many localities.

As allotments are rapidly being assigned, reservations opened up to settlement and the Indians becoming citizens of the state, the continuation of the work of improving the above outlined conditions will become a problem to be assumed by the state authorities instead of by the National Government.